

Medical Assistants

SIR,—Having recently become a medical assistant after holding a locum S.H.M.O. post, I sympathize with Drs. A. J. E. Barlow and M. C. Holgate and Dr. A. Urquhart and others (1 October, p. 833). My chief complaints against the medical assistant grade are:

(1) There is no encouragement to take a higher qualification.

(2) By restricting entry to the lowest four points on the salary scale insufficient credit is given to those now being assimilated into the grade comparatively late in their careers.

In the same issue (1 October, *Supplement*, p. 138) are set out the recommendations for new salary scales for the Public Health Service. It is proposed that the Public Health Medical Officers in departments (equivalent to medical assistant) should receive £2,000 rising to £2,800; with higher qualifications £2,700 rising to £3,300. Could a similar recommendation be made for medical assistants?

Although Mr. Robinson may think that sixth-formers cynically planning to get the best education for a good job abroad are our main source of emigrating doctors, surely our most serious loss is from the ranks of registrar and above, who see no prospect of a consultant post in their specialty and prefer to emigrate rather than enter general practice? The S.H.M.O. grade offered a compromise, but now even this door is closed.—I am, etc.,

Ulcombe,
Nr. Maidstone,
Kent.

FREDA S. REED.

Minister of Health at Birmingham

SIR,—It was most illuminating to read the report of what the Minister said (*Supplement*, 24 September, p. 133), and particularly his pronouncement that it was nonsense to think politics could be taken out of the Health Service. I believe this to be the first public confirmation by a Minister of an opinion long held in Government circles, and, as such, it deserves to be placed on record since it may provide the key to the change which is taking place in the attitude of doctors to the N.H.S. The Minister added his belief that manipulation of the structure would not solve its problems, and one can only infer from this that the Service is still the sacred cow of the Labour party. Clearly the cow will not be manipulated; only the young dairy maids are going to feel the pinch.

In the old days, when hospitals were charities and the patient a sick person requiring help, few young doctors minded the long and arduous hours of work and the relatively poor remuneration they received as housemen. Since the community voted the medical profession into a species of State slavery, however, it looks as if these young doctors are beginning to develop a realistic view and to ask themselves why they should be exploited by an incompetent Government which, having turned an economic problem into a disaster as one politician has described it, now seeks to evade its responsibilities with the help of misleading statements, such as, "You do not create an additional amount of money out of thin air by imposing charges on patients." This must be one of the most supremely illogical statements ever uttered, even by a politician. If that statement is

true why ever were prescription charges imposed by a previous Socialist Minister?

In April 1943 the Labour party issued a pamphlet entitled "National Service for Health." On page 4 this pamphlet stated:

"The Service must be so organized and paid as to afford a fair deal for the medical profession. The nation must tolerate no sweating or overwork of doctors. . . . While insisting that the medical service shall be available to every citizen irrespective of capacity to pay we must be sure that the burden of achieving this standard of equality does not fall on the shoulders of the most self-sacrificing members of a generous profession."

The only part of this policy which has been implemented is the "available to every citizen irrespective of capacity to pay" bit, and it is ironical that the party which formerly fulminated so furiously against sweated labour in other occupations should now be actively promoting sweated labour in State hospitals. No wonder the "shoulders of a self-sacrificing and generous profession" have become tired of the burden and now seek to lighten it by working in other countries.

I wonder would the sick voters in hospital complain to the Minister if all the mobile

young hospital doctors chose to vary their occupation for a time in non-medical employment such as, for instance, in an export industry where they would certainly earn more money and be helping their country? They would also acquire valuable experience of industrial conditions and the psychology of the population at large which would stand them in good stead in the future when they entered general practice.

Or would this also be regarded as "escaping"?—I am, etc.,

Harrow,
Middlesex.

J. B. WRATHALL ROWE.

M.P.U. and Family Doctors' Charter

SIR,—On reading the proceedings of the Annual Representative Meeting held at Exeter (16 July, *Supplement*, p. 36), I was distressed to find that in Dr. Cameron's reply to a question on the planning of the Family Doctors' Charter you omitted the fact that he mentioned the Medical Practitioners' Union among the organizations which have taken a leading part in the preliminary planning work.—I am, etc.,

Ilford,
Essex.

ARNOLD ELLIOTT.

Points from Letters**Suicide following Amphetamine Withdrawal**

Dr. GARETH LLOYD (Oldham, Lancs) writes: I wish to report an incidence of suicide associated with amphetamine addiction. The patient was a 28-year-old female with three children. She had obtained amphetamines for a number of years for weight reduction, but when she came under my care in June 1966 I refused her the drug as she was not then overweight. . . . In September I was called to her home by the police as she was behaving in an odd manner. On superficial examination I found her to be depressed, a little atonic, and garrulous. The skin was pale and the pupils dilated. She was correctly orientated and coherent, though her speech was slurred. There was no evidence of recent alcohol intake. She admitted that she was still taking "bennies" (amphetamines) but she would not accept that this constituted a problem to her excepting that she was having some difficulty with supplies. She complained I was of no help as I "would not let her have any." At this time it was apparent that her care of the home and children was deteriorating. She again denied that she was taking drugs compulsively and declined all offers of assistance. The next day she committed suicide by means of coal-gas poisoning. This patient had some domestic and financial problems, but these alone were unlikely to have been the cause of the suicide. Suicide took place during a period of immediate drug withdrawal. This was the result of addiction to amphetamines which had initially been properly prescribed for the sole purpose of weight reduction.

Smoking in Cinemas

Dr. H. TUDOR EDMUNDS (East Grinstead) writes: I was astonished to read in the Annual Report of the B.M.A. (14 May, *Supplement*, p. 166), in considering smoking in cinemas, that "there is little evidence that smoking is injurious to the health of others present. . . ." Was this really the actual conclusion of the Council, or has a misprint crept in somewhere? Does the Council consider that the thick tobacco smoke in the atmosphere of most cinemas has no irritating effect on those suffering from blepharitis, nasal catarrh, chronic allergic rhinitis, laryngeal

catarrh, or bronchial catarrh? Do they think that no minor ailment of these mucous membranes is likely to be made worse by the presence of tobacco smoke?

Private Prescriptions

Dr. P. H. BARRY (Highbridge, Somerset) writes: . . . It seems logical in the present financial crisis for private prescriptions to cover the luxury medicines. Old-age pensioners and the chronic sick excepted, there seems no reason to provide free appetite depressants, free vitamins, free laxatives, etc.; the re-direction of the finances saved could provide a transfusion to a better service.

Medical Reports in the National Press

Dr. D. C. HUTFIELD (London S.E.1) writes: I was interested to read Dr. D. A. Pyke's letter on medical reports in the national press (10 September, p. 646) and the adverse effects these can have on the general public. Recently there was an unconfirmed report, also in a national Sunday paper, that non-gonococcal genital infections were most probably allergic in origin, and again ended with an appeal for money for research. This came as a surprise to many venereologists and caused a certain amount of alarm among some of their patients, who expressed dissatisfaction with their own antibiotic treatment and even demanded injections of an anti-allergen.

Talent and the Individual

Dr. THOMAS B. FITZPATRICK (Harvard Medical School, Boston, Mass.) writes: The sentiment expressed by Dr. Robert F. Loeb (2 April, p. 858) has been rather eloquently stated by the American author, John Steinbeck, in *East of Eden*. "Our species is the only creative species, and it has only one creative instrument, the individual mind and spirit of a man. Nothing was ever created by two men. There are no good collaborations, whether in music, in art, in poetry, in mathematics, in philosophy. Once the miracle of creation has taken place, the group can build and extend it, but the group never invents anything. The preciousness lies in the lonely mind of a man."